Immunization Exemption Form

As a parent/guardian of:	, date of birth
Student N	
I am requesting a waiver for the follo	owing immunizations:
 All required immuniz 	ations
 The following specific immunizations: 	
	 Diphtheria, Tetanus, Pertussis
	o Polio
	 Measles/Mumps/Rubella
	o Varicella
	 Meningococcal disease
I understand that in the case of an outbreak of a specific disease, for which my child is not protected, my child may be kept out of school and school activities as advised by the Maine Centers for Disease Control and Prevention. The length of time my child will be kept out may vary from a week to over a month depending on the disease and the length of the outbreak. I also understand that if my child is kept out of school, the school is not required to provide off-site classes or tutoring, but will make reasonable accommodations to assist my child in keeping up with classwork. I am requesting a waiver based on: Sincere religious belief Philosophical reason	
My explanation is as follows:	
Signature Date:	
Relationship to student	

12/2018

An exemption must be requested annually.